PTC/SB/06 (08-03)

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								ass it displays a valid OMB control number. Application or Docket Number		
Substitute for Form PTO-875								110		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR	OTHE	R THAN
FOR NUME		ER FILED	MUAAC	NUMBER EXTRA			T	1	SWALL	ENTITY
BASIC FEE (37 CFR 1.16(a))		, , , , , , , , , , , , , , , , , , ,		EREXIKA	┨┠	RATE	FEE	1	RATE	· FEE
TOTAL CLAIMS				· · · · · · · · · · · · · · · · · · ·	4 1		\$	OR	L	\$
. (37 CFR 1.16(c)) INDEPENDENT CLAIMS			= -		J L	X;\$ <u></u> =	.	OR	X \$ =	
(37 CFR 1.18(b))		minus 3 = •				× \$=		OR	X \$ =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))] [+\$ =		OR		
• If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR.		i ·
CLAIMS AS AMENDED – PART II								į.		
1.15.07										
d	CLAIMS	<u> </u>	(Column 2) HIGHEST	(Column 3)	, r	SMALL	NTITY	OR	SMALL	R THAN ENTITY
	REMAINING AFTER	·	NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI-		RATE	ADDI-
Total * (37 CFR 1.16(c)) Z Independent (37 OFR 1.16(b))	MENDMENT	Minus	PAID FOR	=	┨┟	$\overline{}$	TIONAL FEE			TIONAL FEE
О (37 G-R 1.16(e)) Z Independent (37 G-R 1.16(b))		Minus		-		× 2 =/		OR	× 53 ×	
Σ						× \$=		OR	X ξ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ <u>\$ · · .</u> ≈		OR	+\$ =	
	•			•		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	Column 1)		(Column 2)	(Column 3)		. •			VDDTLEE	
B L R	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI-
	MENDMENT	Minus	PAID FOR	=	╽┟		FEE			TIONAL FEE
Z Independent • Ш (37 CFR 1.16(b))		Minus	***	=	-	< \$ =		OR	X \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						\$=		OR	x \$=	
Control (St. Crit. 1.16(a))						- \$ =		OR	+ \$=	
					DD'L FEE		OR	ADD'L FEE		
	CLAIMS I		(Column 2)	(Column 3)					_	
	EMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
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AN AN AN AN AN AN AN AN		Minus		· #				OR	X \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						\$=		OR	X \$=	
ŢŌŢ						OTAL		OR	+ \$ =	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										
The Highest Number	The "Highest Number Previously Paid For" (Total or Independent) is the high									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.